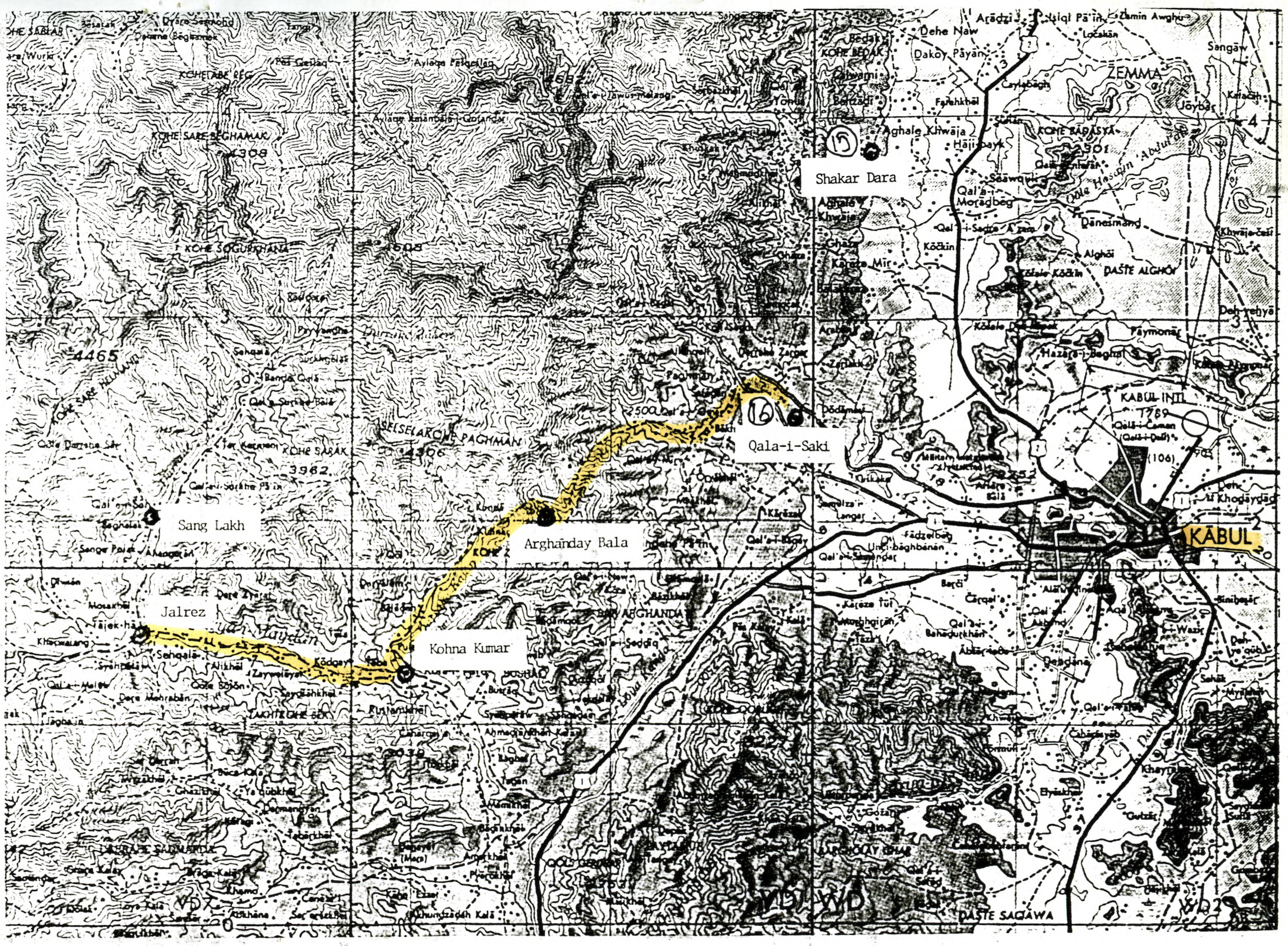
HEALTH BRIEFING REPORT

PAGHMAN DISTRICT & EAST MAIDAN PROVINCE

AN INDEPENDENT REPORT BY JEFFREY PAULSEN, MPH

SEPTEMBER 1989

PESHAWAR, PAKISTAN



KABUL
KABUL INTL
Shakar Dara
15
Qala-i-Saki
16
Arghanday Bala
Kohna Kumar
Jalrez
Sang Lakh
PAGHMAN
DASTE ALGHOY
DASTE SAGAWA
ZEMMA

TABLE OF CONTENTS

1. INTRODUCTION

In late summer 1989 I travelled to Paghman District, Kabul Province, with two professional objectives: 1) to assist in the MSH-SCA-FM supported clinic of Dr. Karim in Qala-i-Saki village, and 2) to assess and report on the health development in this region. This report focuses on the latter interest.

The health picture in Paghman is not complete without the inclusion of commentary on health facilities of the districts in eastern Maidan province (Maidan district, Jalrez district). Paghman constitutes the free zone to the immediate west of Kabul city, and is dependent on the supply line coming from the west through Maidan province for food, medicine, personnel, and military hardware. Referral centers for wounded mujahideen lie in Maidan province, as described later.

I left Peshawar on 14 Aug 1989, travelling by public bus to Wana, then by Toyota pick-up to Azam Warsak. From Azam Warsak I travelled by a 7-truck military convoy of Jamiat-i-Islami to Kohna Kumar, Maidan, following a route through Urgun, Paktia, Ghazni, and Wardak provinces including a detour through Hazarajat. Trip time to Kohna Kumar, which is the endpoint of the motor route to Paghman, was 8 days. After 3 days of waiting at the JIA kararga (post) to secure horse transport of our medicine, we made the 8 hour trek to Paghman by foot, scaling the Mashal and Kobiki passes. The Kobiki was crossed under cover of night due to rocket shelling of the pass by government posts guarding western Kabul.

Two weeks were spent in Paghman working in the JIA clinic there, where we saw an average patient load of 40 pts/day consisting of approximately 25% women, 25% children, and 50% men, mostly mujahideen. A small number of war trauma cases were treated, which were bullet blast injuries and shrapnel injuries. Three mujahideen of JIA were killed in fighting during our time there.

On Sunday Sept. 3 I travelled to Dar-i-Zargar village NW of Paghman center with an IMC medic working there, Hafizullah. As we walked to his place, we witnessed the aerial bombardment of the markaz (center) of Comm. Kochai of Ittehad-i-Islami, in the foothills outside of Dar-i-Zargar. One mujahid was killed outright in this attack. Four mujahideen were wounded, whom we treated in cooperation with the markaz health worker. Two of these suffered mortal wounds and died later that day. The surviving two were transported that night to Kohna Kumar on horseback, for motor transport to Jalrez.

The return trip to Peshawar in a single transport truck retraced our route through Hazarajat to Chak, Wardak. From Chak we travelled east to the Kabul-Kandahar highway, where we travelled south until reaching the dirt road leading to Logar and Teri Mangel. Logar was crossed under cover of darkness due to threat of aerial bombardment, ie. the truck ran with lights out. Planes

were heard overhead. On the morning of Sept. 13 we reached Teri Mangel, from where we took public transportation to Parachinar, and then a Flying Coach from Parachinar to Peshawar.

NOTE: If the road were open, travel time from Peshawar to Paghman would be approximately 6 hours.

Accompanying me on this trip was Dr. Ismail Hamidy, an Afghan surgeon who until recently had been working in a number of government hospitals throughout Afghanistan. He left Kabul after a short incarceration in Pul-i-Charki prison. I want to thank Dr. Ismail for the extra effort he often exerted in order to help complete this work.

2. OVERVIEW OF PAGHMAN

2.A. Location

District Paghman is situated to the west of Kabul city in Kabul province. It is bordered by Shakar Dara district to the north, Maidan province to the west and south, and Chardehi district to the SE. Although at a higher elevation than Kabul, Paghman is situated in the same valley plain, surrounded by mountains to the north, the west, and south. Numerous hills in the Paghman area belong to the government, where military installations are targets of mujahideen rocket attack. In turn, these posts shoot rockets into mujahideen positions and at the frontal side of Kobiki Pass. The surrounding mountains have no government presence.

Prior to the current conflict, Paghman was an idyllic picnic place often frequented by Kabul city residents. In summer the weather is cooler than Kabul, which lies at a lower elevation. There is abundant spring water and numerous orchards. The large park in Paghman center hosts a distinctive large commemorative arch, which is still standing. The bazaar buildings, however, are now reduced to rubble, the only current residents being a small number of mujahideen in isolated damaged structures. Essentially, Paghman center is deserted, the stark power poles now serving no function.

2.B. Supply Line

Aside from being the frontline for the west Kabul resistance, Paghman is in a strategic location for mujahideen activity to the north of Kabul. Until the Soviets withdrew, the Kohna Kumar route was closed to most traffic and supplies. Supplies from Jalrez went north via Sang Lakh and then over a difficult mountain crossing to Istalef, to supply the broad valley north of Kabul (called Shamali) and the lower Panjsher. This year, however, there is a heavy flow of men and materials through Paghman, as it lies between Kohna Kumar and Shamali/Panjsher. Although the crossing is still dangerous, the passes are lower than those of the more northerly route.

2.C. Political and Military Forces

The principal resistance parties active in Paghman are Jamiat-i-Islami (Rabbani) and Ittehad-i-Islami (Sayyaf), each with a reported 2,000 mujahideen present. Each of the other parties, however, have a small presence in Paghman including Harakat-i-Islami (a Shia party), which has a reciprocal relationship with JIA, ie. JIA supports a HIA markaz in Paghman while HIA supports a JIA markaz in Sang Lakh.

The Jamiat amir is Mullah Ezatullah, called Mullah Ezat. He reportedly directs 32 JIA commanders in Paghman and Maidan, including Comm. Ghafar (Paghman), Comm. Omara Khan (Arghanday Bala), Comm. Qotbuddin (Khona Khumar), and Comm. Bulbul Shah (Maidan district). JIA controls the lower plain between Paghman center and Kabul city, which this summer has been mostly free from artillery and aerial bombardment.

Mullah Ezat has many contacts with personnel in Kabul, both military and civilian. He says he can readily arrange a government tank to be at his disposal, and that he transported a journalist into Kabul by tank in July. Bus drivers and truck drivers are also enlisted by him, as well as taxi drivers. One morning a Kabul taxi delivered a load of bedding materials to our residence, brought from Kabul city. The guest house of Mullah Ezat functions as a stop on the "underground railway" for men emigrating from Kabul city to free Afghanistan or Pakistan, for whom onward transportation is arranged by JIA. One of his men, educated in the Soviet Union, is responsible for contacts in Russian.

At an earlier time, Mullah Ezat was affiliated with the party of Hezb-i-Islami (Hekmatyar), and before that with Sayyaf, but switched allegiance. Now he belongs to the JIA Shura-e-Nazar, and was one of the few Shura principles not present at the Takhar massacre. A number of Panjsheri mujahideen have been assigned by Comm. Massoud to fight in Paghman, bolstering the strength of Mullah Ezat's forces.

Ittehad-i-Islami is present in the foothills further from Kabul city, but still in close proximity to the goverment hilltop posts. Ittehad takes a more aggressive approach to artillery harassment of these posts, and suffers from the consequences of aggressive artillery and aerial retaliation by the Kabul forces. The single markaz of Comm. Kochai has reportedly experienced 10 mujahideen killed and 20 wounded in 1989, not counting the 3 killed and 2 wounded seen on Sept. 3. The Ittehad-controlled areas are devoid of civilian population. Also, the 10 or so Ittehad Afghan markazes are reportedly supplemented by 3 or 4 markazes which are manned by Arab personnel. The Ittehad people are not kindly disposed to the relatively quiet valley life neogotiated by the more diplomatic Mullah Ezat, and view themselves as the main resistance force in Paghman.

NOTE: Following my 1 1/2 hour visit to the wounded Ittehad mujahideen at the markaz of Comm. Kochai, a warning was issued to a JIA healthworker that Westerners are not welcome in this area.

2.D. Population

The JIA-area of lower Paghman is reported by Mullah Ezat to have 200-300 families, plus 2,000 mujahideen.

The Ittehad-area of upper Paghman is reported to have 2,000 mujahideen. Paghman is the original home of Ittehad's leader, Prof. Sayyaf.

The Kohna Kumar area is largely untouched by the war, and is evidently an area with many hundreds of families. Women and children are seen in abundance in the fields and village streets.

A large number of travellers, mainly mujahideen and horse drivers, frequent the route through Paghman-Kohna Kumar. Most nights there are horse caravans crossing the Mashal and Kobiki passes.

2.E. Food Supply

Lower Paghman retains some small scale agriculture, mostly cultivated potatoes and wheat. Many orchards, although neglected, are still producing fruit. Apples are abundant this time of year.

The fields of upper Paghman lie mostly fallow due to lack of farmers. The area was noted for its nut trees, now most of which are destroyed or dried up.

The water supply for agriculture is mostly undisturbed. The Paghman river still flows and feeds irrigation streams. Natural springs are still flowing, sometimes fashioned as mini-karezes. No full size karezes were observed, dry or otherwise.

Kohna Kumar, on the other hand, is a rich valley with many irrigated fields of wheat, rice, potatoes, and alfalfa. At our arrival there we were feted with apples, apricots, sour cherries, sweet cherries, and white mulberries. A delicious local dish is kadu bolani, which is nan folded with pumpkin and spice stuffing then fried in oil.

The bulk of food is brought in from Pakistan, ie. rice, edible oil, tea, sugar, wheat. Limited quantities of other foods, such as melons and candy, come from Kabul city. Others, such as onions and peppers, come from local gardens.

Our diet was high in carbohydrates and low on protein and vegetables. Mostly we subsisted on nan, rice, potatoes, chick peas, and oil, diluted with quantities of tea.

Aside from some infants seen suffering from poor lactation in their mothers, the people are adequately fed. Dietary deficiencies, however, result in compromised levels of wellness.

2.F. Health Care

A health system of sorts is operational in Paghman-Kohna Kumar. The clinic at Qala-i-Saki is directed by Dr. Karim, a graduate doctor from the Kabul Faculty of Medicine in 1978 who established the present clinic two years ago. Assisting him are three graduates of Kabul Faculty of Nursing, a Freedom Medicine paramedic, and an MSH basic health worker. In addition, there are 5 clinic-trained first aid workers who receive medical supplies from the clinic and work with their respective JIA groups.

The facililty is more complete than average. Besides the OPD room, there is a surgical procedure room with OR table and generator-powered electric lighting, and a separate room for in-patients which has three beds.

The clinic receives medicine and salaries from 3 sources based in Peshawar: Management Sciences for Health (MSH), Freedom Medicine (FM), and the Swedish Committee for Afghanistan (SCA). For further background information, see the Coordination of Medical Committee's "Detailed Report of Clinics Monitored in Ghazni, Wardak, Kabul, Kapisa, and Parwan Provinces", 1988, p. 89.

In Kohna Kumar there is another graduate doctor, Dr. Ahmadzai, who works in cooperation with Dr. Karim, in fact they were classmates at Kabul University. He worked for several years with Union Aid in Peshawar prior to coming to Kohna Kumar, and has a small but tidy clinic situated above a munitions storeroom. Three health workers, place of training not known, work with him at the clinic. A number of "outreach" health workers are supposed to be present in the valley, trained locally.

Dr. Ahmadzai receives medicine and salary from MSH. He says that because they treat 120-130 patients per day, the 6-month supply of medicine was exhausted in 3 months. No green book was available to confirm or refute this claim. At the time of our visit, he had shifted to the clinic at Qala-i-Saki, leaving the health workers to manage the clinic at Kohna Kumar.

One health worker independent of the JIA system, Hafizullah, had just established a "clinic" at his bombarded family home in Dar-i-Zargar. He is a graduate of the International Medical Corps (IMC) program in Peshawar, working at another IMC clinic since the summer of 1987. He is working alone with limited medicine, and received a donated box of medicine and supplies from the clinic of Qala-i-Saki. At this location his patients will mostly be mujahideen. I witnessed a tooth extraction which was well-performed.

The markaz of Ittehad Comm. Kochai had a first-aid worker present, and probably most of the Ittehad markazes have a health worker of some nature present.

Between the Mashal and Kobiki passes lies the village of Arghanday Bala. The JIA markaz of Comm. Omara has a health worker and a clinic room stocked with a few medicines. A cave room is intended to be converted to a clinic, but there is no money to upgrade the facility. The medicines present probably come from Dr. Karim.

No other health practitioners were identified in Paghman.

In regard to health education, this aspect of health is virtually non-existent. I brought with me 20 sets of the HERC linen health posters, which have health messages for vaccination, weaning, breast feeding, etc. These were readily accepted by the health workers and were soon nailed to walls at the clinic and the JIA guesthouse.

There has been no attempt at vaccination in Paghman or eastern Maidan. The persons responsible for health identified this as a problem and are open to a vaccination campaign being instituted in their area.

3. HEALTH CARE REFERRAL

Patients with symptoms requiring diagnostic work-up or surgical intervention can be referred to Kabul city--if they are women, children, or elderly men. A mujahid entering Kabul city is subject to imprisonment.

Existing options for the evacuation of wounded mujahideen, provided they survive the 8 hour travel on horseback to Kohna Kumar, consist of the following (travel times from Kohna Kumar):

1 hr. away: Jalrez. Party clinics, including a soon-to-open 6 bed limited service hospital of HIA-Khalis, supported by Mercy Fund. Also, an "Arab Hospital" has been estalished.

2 hr. away: Sang Lakh. Medecins Sans Frontieres (MSF) - Holland/Belgium clinic

6 hr. away: Tangi Saidon, Chak district, Wardak. Arab hospital.

1-2 days away: German Afghanistan Committee clinic-hospital, Band-i-Chak

2 days away: Medecins du Monde hospital, Jaghatoo, Wardak

2-3 days away: Peshawar hospitals

4. HEALTH CARE SUMMARY

In summary, the quality of health care available in Paghman, although limited in scope, is above average. The clinic facility is better than most, and two graduate physicians are present to supervise the lower level workers. There is no disease prevention through vaccination.

In terms of health services, there is an acute absence of any treatment center for serious injuries. There is no capability for handling life-threatening injuries, only simple first aid. Minor surgical repairs can be performed at Qala-i-Saki, but there is no X-ray, laboratory, general anaesthesia, or qualified surgeon. The closest facility to manage serious cases is 6 hours away by ambulance at Tangi Saidon.

In terms of medical need, the Kabul area is enveloped in daily exchange of artillery fire and sometimes aerial bombardment. This scenario will only escalate as the mujahideen pursue a military solution to the conflict, with increasing numbers of dead and wounded as a consequence. The absence of immediate and sophisticated surgical intervention is a contributing factor to the high incidence of mortality in those who are wounded.

Evacuation of the wounded is problematical. Ground movement is restricted during the daytime. The nearest motor connection is at Kohna Kumar, 8 hours away. The seriously wounded are placed on charpoys and carried atop a horse to Kohna Kumar, then transported onward to Jalrez, Tangi Saidon, or Jaghatoo. I witnessed the arrival of one semi-comatose patient to Kohna Kumar on a charpoy on a horse.

For civilians, access to the health facilities in Kabul city is an option. Also, medicines and medical supplies are available from Kabul city on a limited basis.

5. EXISTING HEALTH FACILITIES AND HEALTH WORKERS

The rudimentary area health service that is already in place may be included in a comprehensive health plan for Paghman.

Existing resources are:

1. Qala-i-Saki village: OP Clinic + Minor Surgery (MSH, SCA, FM)

    * 2 graduate MDs: Dr. Karim and Dr. Ahmadzai
    * 5 HWs: 1 MSH, 1 SCA, 1 FM, 2 nurses trained in Kabul
    * 5 FAs with mujahideen, locally trained

2. Dar-i-Zargar village: OP Clinic (IMC)

    * 1 mid-level HW, Hafizullah

3. Arghanday Bala village: OP Clinic, possible cave clinic

    * 1 HW (?)

4. Kohna Kumar village: OP Clinic, possible hospital site

    * 3 HWs locally trained

5. Various "outreach" HWs working in the markazes of Paghman and Maidan

6. RECOMMENDATIONS

The main health problem appears to be a lack of surgical support in an area of active fighting. Locating an appropriate facility is, however, constrained by security considerations. In Paghman there is no place that could safely house a working hospital.

The nearest point to Paghman is Kohna Kumar, which is accessible by car or truck. This valley is rarely subject to bombardment (some bombs in winter 1988-89), and potential hospital sites have mountain protection. The next nearest suitable place is Jalrez, which although subject to aerial bombardment, has protective mountain locations.

If a committee is interested in establishing a hospital for Paghman-Maidan, one of these two sites, Kohna Kumar or Jalrez, is a logical location. This should include the upgrading of the surgical suite at Qala-i-Saki clinic for initial patient stabilizaiton prior to evacuation, conversion of the clinic at Arghanday Bala as a rest stop on the evacuation route, and then a full-service hospital at the chosen location.

Two ambulances should be available for moving patients to Peshawar. JIA has one ambulance already. Another would be available for emergencies when the primary ambulance is away or is out of service.

Any attempt to work in this area should be preceded by a cooperative relationship with Ittehad-i-Islami, in order to fully utilize the health resource investment. JIA as single party sponsor could antagonize the other groups.

17 Sept 1989

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